



Dear Parent(s),

The Little Champions Preschool Program is currently accepting applications for the 2019-2020 School Year. We have available positions for children ages 3-5 (Age deadline is 3 or 4 by September 1<sup>st</sup>) who are independently toilet trained\*. Tuition is \$160 per week for full time (\$150 per week for siblings of current Champion Students). There is also a \$25 registration fee and \$25 supply fee per family, which is due with the application. Fees can only be made with checks, money order, or card (NO CASH). Tuition is due by the Friday prior to services being provided\*.

Applications received by **July 1, 2019 will have priority**. If we have more applications than open positions, children will be accepted in the following order:

1. Children who are currently enrolled in the Preschool program
2. Siblings of children who currently attend Champion Schools or Little Champions Preschool.
3. Children of community members.

If there are more applicants in a category than the number of openings, a lottery system will be utilized. In this event, a waiting list will be maintained and openings will be filled if they become available.

Enclosed are the forms necessary to enroll your child in the Preschool Program. The forms include a Preschool Application, History Health Form, and Parental Permission Form. If your child is selected for our Preschool Program, it will be your responsibility to supply us with additional information such as: **Birth Certificate, Immunizations, Emergency Information and Medication Consent Form.**

The Little Champions Preschool Program is an early learning program with daily activities planned around thematic units. We use a wide range of materials to stimulate motor and intellectual development. Play is also an important part of our program. Through "play" the children learn to think critically, solve problems creatively, master language skills, express themselves, and interact positively in social situations. You, as the parent, know your child's needs and abilities the best.

We are open **Monday-Thursday 8:00am to 3:30pm and Friday 8:00am-12:00pm** and follow the Champion Schools Calendar year.

Thank you for considering the Little Champions Preschool program for your child's needs. We will be happy to answer any additional questions that you may have.

Sincerely,

Stephanie Ruiz  
Little Champions Preschool Director

\*Independently toilet trained is defined as: no diaper/pull ups, no special equipment, goes without caregivers' prompting and can wipe their own bottom.

\* There are two payment options that you will be able to choose from, this can be found under the section titled, "*Tuition Policy*".



Queridos padres,

El programa preescolar Pequeños Campeones está aceptando solicitudes para el año escolar 2019-2020. Tenemos posiciones disponibles para niños de 3-5 años (fecha límite de edad es de 3 o 4 antes del 1 de septiembre) que son de forma independiente inodoro \*. La matrícula es de \$ 160 por semana por tiempo completo (\$ 150 por semana para los hermanos de Estudiantes Campeón actual). También hay una tarifa de \$ 25 de inscripción y la cuota de suministro de \$ 25 por familia, lo cual se debe a la aplicación. Tasas sólo se pueden hacer con cheques, giro postal o tarjeta (NO CASH). La matrícula es debido por el viernes anterior a servicios prestados \*.

Las solicitudes recibidas **1 de julio de 2019 tendrán prioridad**. Si tenemos más solicitudes que las posiciones abiertas, los niños serán aceptados en el siguiente orden:

1. Los niños que actualmente están inscritos en el programa preescolar
2. Los hermanos de niños que actualmente asisten a escuelas o Campeón de Campeones Poco preescolar.
3. Hijos de miembros de la comunidad.

Si hay más solicitantes en una categoría que el número de aberturas, se utilizará un sistema de lotería. En este caso, se mantendrá una lista de espera, y las aberturas se llenará si están disponibles.

Se adjuntan los formularios necesarios para inscribir a su hijo en el programa preescolar. Las formas incluyen una aplicación de preescolar, Formulario de Salud Historia y Forma de Permiso de los padres. Si su hijo es seleccionado para nuestro programa de preescolar, será su responsabilidad que nos proporcione información adicional como: Acta de nacimiento, vacunas, información de emergencia y el Formulario de Consentimiento.

El programa preescolar Pequeños Campeones es un programa de estimulación temprana con las actividades diarias previstas en torno unidades temáticas. Utilizamos una amplia gama de materiales para estimular el motor y el desarrollo intelectual. El juego es también una parte importante de nuestro programa. A través de “reproducir” los niños aprenden a pensar críticamente, resolver problemas con creatividad, habilidades de lenguaje principal, expresarse e interactuar positivamente en situaciones sociales. Usted, como padre, conoce las necesidades y capacidades de la mejores de su hijo.

Estamos abiertos de lunes a Jueves 8:00 am a 3:30 pm y el viernes 08 a.m.-12:00p.m. y seguir el año calendario Escuelas Champion.

Gracias por pensar en el programa preescolar Pequeños Campeones para las necesidades de su hijo. Estaremos encantados de responder a cualquier pregunta adicional que pueda tener.

Sinceramente,

Stephanie Ruiz  
Little Champions Directora Preescolar

\* Independientemente de esfínteres se define como: no recogidas en pañales / pull, ningún equipo especial, ni que los cuidadores que provocó y pueden acabar con su propio fondo.

\* Hay dos opciones de pago que usted será capaz de elegir, esto se puede encontrar en la sección titulada “Política de matrícula”.



**LITTLE CHAMPIONS  
PRESCHOOL APPLICATION**

**Student Information**

Name (Last, First MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male  
(Nombre) (Fecha de Nacimiento)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Dirección) (Ciudad) (Estado) (Código Postal)

**Please indicate the Preschool Program that you are applying to:**

Full Time Enrollment \_\_\_\_\_ Please list days/hours \_\_\_\_\_

**Child Resides with (Check all that apply):**

- Father  Mother  Stepfather  Stepmother  Foster Parent  Grandparents  Other  
(Padre) (Madre) (Padrastra) (madrastro) (parientes adoptivos) (abuelos) (otro)

**Race/Ethnic Background**

- Native American  Black/African American  White  Hispanic Latino  Asian/Pacific Islander  Other

**Marital Status of Parents/Guardians:**

- Married  Divorced  Separated  Single Parent

**Mother/ Guardian (Madre/Tutora)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Father/ Guardian (Padre/Tutor)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are there any special circumstances affecting you family that we should be aware of?  Yes  No  
(¿Hay circunstancias especiales que le afecten a la familia que debemos tener en cuenta?)

If yes, please describe briefly (Describa brevemente): \_\_\_\_\_

Custody/Visitation Arrangements (Arreglos de custodia/visitacion): \_\_\_\_\_

**Brother and Sisters of the child (Hermanos/as del estudiante):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child** (En caso de una emergencia, o si no puedo ser contactado para recoger a mi hijo, autorizo a la siguiente persona (s) a recoger a mi hijo/a):

1. \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Developmental History of the Child/Historia del Desarrollo del Niño

How long does your child nap or rest quietly? \_\_\_\_\_  
(¿Cuánto tiempo duerme o descansa tranquilamente el niño?)

What time does he/she go to bed at night? \_\_\_\_\_  
(¿A qué hora se acuesta a dormir en la noche?)

Does your child sleep well?  Yes  No  
(¿Su hijo/a duerme bien?)

Does child have a favorite blanket or toy that he/she sleeps with?  Yes  No  
(¿El niño/a tiene una cobija o un juguete favorito con el que duerme?)

Has your child had group play experience?  Yes  No  
(¿Su hijo ha tenido experiencia de juego en grupo?)

If yes, where? \_\_\_\_\_  
(¿Dónde?)

Is your child independently toilet trained?  Yes  No  
(¿Es su hijo(a) independientemente entrenado para el baño?)

Does the child dress self?  Yes  No  
(¿Se viste independiente el niño/a?)

Is your child on an Individualized Education Plan (IEP)?  Yes  No If so, please attach a copy.  
(¿Está su hijo / a en un Plan Educativo Individualizado (IEP)? Adjunte una copia.

Does the child have a 504 Plan?  Yes  No  
(¿Tiene el niño/a un Plan 504?)

Does your child have any special learning behavioral or physical difficulties?  Yes  No  
(¿Tiene su hijo alguna dificultad especial de aprendizaje, de comportamiento o física?)

If yes, explain: \_\_\_\_\_

## Eating Habits/Hábitos Alimenticios

Can the child eat on his/her own?  Yes  No  
(¿Puede el niño comer por sí mismo?)

What kind of food does he/she like? \_\_\_\_\_  
(¿Qué tipo de comida le gusta?)

What kind of food does he/she dislike? \_\_\_\_\_  
(¿Qué tipo de comida no le gusta?)

Does your child have any special dietary restrictions or food allergies?  
(¿Tiene su hijo alguna restricción dietética especial o alergia a los alimentos?)

\_\_\_\_\_  
\_\_\_\_\_

## Behavior Characteristics/Características del Comportamiento

What method of discipline is used in your home? \_\_\_\_\_  
(¿Qué método de disciplina se utiliza en su hogar?)

How would you describe your child's personality? \_\_\_\_\_  
(¿Cómo describiría la personalidad de su hijo?)

Has the child been expelled from another educational institution?  Yes  No  
(¿El niño ha sido expulsado de otra institución educativa?)



## Health History Form

**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

Was the child born with any physical defects?  Yes  No      If so, explain: \_\_\_\_\_  
(¿El niño nació con algún defecto físico?)

Have they or are they presently being corrected? \_\_\_\_\_  
(¿Se han corregido o están corriendo?)

Does your child have any chronic illnesses?  Yes  No      If so, what? \_\_\_\_\_  
(¿Tiene su hijo alguna enfermedad crónica?)

What care is needed for your child while at Little Champions Preschool? (¿Qué atención se necesita?)  
\_\_\_\_\_

Does your child have allergies?  Yes  No      If so, does the child require an EPI-PEN?  Yes  No  
(¿Su hijo tiene alergias?)      (Si es así, ¿necesita el niño una EPI-PEN?)

What is your child allergic to? \_\_\_\_\_  
(¿A qué es alérgico al niño?)

What is the reaction? \_\_\_\_\_  
(¿Cuál es la reacción?)

How is it treated when symptoms arise? \_\_\_\_\_  
(¿Cómo se trata cuando surgen los síntomas?)

What kind of care will your child need for this illness while at Little Champions Preschool?  
(¿Qué tipo de cuidado necesitará su niño/a para esta enfermedad mientras esté en Programa de Prescolar?)  
\_\_\_\_\_

Does your child run a fever easily?  Yes  No  
(¿Su hijo corre fiebre fácilmente?)

Does your child have any bowel problems?  Yes  No      If so, explain: \_\_\_\_\_  
(¿Su hijo tiene problemas intestinales?)      (Explique)

Has your child been to the dentist?  Yes  No      If yes, when was the child's last visit? \_\_\_\_\_  
(¿Su hijo ha ido al dentista?)      (¿Cuándo fue la última visita del niño/a?)

Has your child had been screened for vision and hearing?  Yes  No      If so, Date: \_\_\_\_\_  
(¿Su hijo ha sido examinado para ver y oír?)      (¿Qué fecha?)

Does your child wear glasses?  Yes  No  
(¿Su niño/a usa lentes?)

Are there any other health problems we should be aware of?  Yes  No      If so, what? \_\_\_\_\_  
(¿Hay algún otro problema de salud que debemos tener en cuenta?)

Has your child had any serious accidents?  Yes  No      If so, what? \_\_\_\_\_  
(¿Ha tenido su hijo algún accidente grave?)

Has your child ever been hospitalized?  Yes  No      If so, explain: \_\_\_\_\_  
(¿Alguna vez su hijo ha sido hospitalizado?)      (Explique)

Please give a statement of your evaluation of your child's overall health:  
(Por favor dé una declaración de su evaluación de la salud general de su niño)  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_



## Little Champions Preschool Parental Permission Form

I give permission for my child to participate in the following activities, please initial each item.  
(Doy permiso para que mi hijo participe en las siguientes actividades, por favor, inicialice cada artículo)

\_\_\_\_\_ 1. Use all the play equipment and participate in all activities of the program.  
Utilizar todo el equipo de juego y participar en todas las actividades del programa.

\_\_\_\_\_ 2. Leave the center premises under the supervision of a staff member/parent for field trips in an authorized vehicle or on foot. (Parents will be given prior notice of all field trips that are not on the school property.)  
Salga de las instalaciones del centro bajo la supervisión de un miembro del personal / padre para las excursiones en un vehículo autorizado oa pie.  
(Los padres recibirán un aviso previo de todos los paseos que no están en la propiedad de la escuela.)

\_\_\_\_\_ 3. Be included in evaluation  
Ser incluido en la evaluación

\_\_\_\_\_ 4. Be in Photographs connected with Little Champions Preschool Program.  
(Ser incluido las imágenes relacionadas con el Programa Preescolar.)

I hereby grant permission to the Director, Preschool Paraprofessionals, or Health Aid to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

(Doy permiso al Director, Para-profesionales de Preescolar o Asistencia de Salud para que tome las medidas que sean necesarias para obtener atención médica de emergencia si se justifica. Estos pasos pueden incluir, pero no se limitan a lo siguiente)

1. Attempt to contact a parent or guardian. (Intentar ponerse en contacto con un padre o tutor.)
2. Call the nearest Urgent Care (Llame al Servicio de Atención Urgente más cercano)

PLEASE NOTE:  
TENGA EN CUENTA:

- Any expenses incurred under #2 above will be the responsibility of the child's parent.  
(Cualquier gasto incurrido bajo # 2 arriba será responsabilidad del padre del niño.)
- The Preschool will not be responsible for anything that may happen due to false information given at the time of enrollment. (La escuela preescolar no será responsable de nada que pueda ocurrir debido a información falsa dada en el momento de la inscripción)
- The Preschool will not assume responsibility for a child who has not been signed in when he/she arrives for the day. (La escuela preescolar no asumirá la responsabilidad de un niño/a que no sea apuntado cuando llegue para el día.)

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Preschool Director \_\_\_\_\_

Date \_\_\_\_\_

### Insurance Information/Informacion de Aseguranza

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## **Transportation Policy**

Transportation to and from Little Champions Preschool, is not provided for preschool students. Parents are responsible for transportation, and for making sure their student is walked to the preschool classroom and signed in using their first initial and last name. Anyone picking up a student will need proper identification and no one will be allowed to pick up a student if their name is not on the contact sheet filled out by the parent or guardian.

El transporte hacia y desde la escuela, no será proporcionada para los estudiantes de preescolar. Los padres son responsables por el transporte, y para asegurarse de que su estudiante es caminado al salón de clases preescolar y firmado usando su primer nombre y apellido. Cualquier persona que recoja a un estudiante necesitará una identificación apropiada y nadie podrá recoger a un estudiante si su nombre no está en la hoja de contacto completada por el padre o tutor.

## **Field Trip Policy**

Field Trips- Little Champions Preschool students will be transported by the Champion Campus van or bus. In the event of a field trip parents will need to provide a booster/car seat the day of the fieldtrip for their student. At least two weeks prior to a field trip, parents will receive a written field trip plan that will require written permission from a parent or guardian.

Paseos- Los estudiantes de pre-escolar de Champion Schools, South Mountain serán transportados por la camioneta de Champion o autobús. En el caso de un paseo los padres tendrán que proporcionar un asiento de niño el día del paseo para su estudiante. Padres recibirán por lo menos dos semanas antes de anticipación por escrito que requerirá permiso por escrito de un padre o tutor.

## **Tuition Policy**

Thank you for registering your child with us for the fall 2019-2020 school year. To maintain your child's place, we must receive a complete Registration Packet with completed Medical Consent Form and Immunization Record along with the enrollment fee and supply fee. The monthly tuition for Little Champions Preschool is \$160.00 a week.

There are two Tuition Payment Plan options:

- **Monthly Payment Option #1-**

Full tuition is due by the 1<sup>st</sup> of the month. If the payment isn't received by the 5th day, there will be a \$25 late fee assessed.

- **Weekly Payment Option #2-**

Payments are due a week prior to services by Friday before the end of the business day. If payments aren't received by the end of the business day on Tuesday, there will be a \$5.00 per day late fee.

Gracias por registrar a su hijo(a) con nosotros para el año preescolar del 2019-2020. Para mantener el lugar de su hijo, debemos recibir el Paquete de Registro completo con el Formulario de Consentimiento Médico y el Registro de Vacunas junto con la cuota de inscripción y la cuota de útiles



## **Late payments**

Weekly Tuition payments or fees that are received after the end of the business day on Tuesday will be charged a \$5.00 per day late fee. Full tuition is due by the 1<sup>st</sup> of the month. If the payment isn't received by the 5th day, there will be a \$25 late fee assessed. If there are no payments made to the account on Friday by the end of the second week children may not attend the following week due to the outstanding account balance unless a written payment agreement has been signed by a parent/guardian and an administrator.

The student will not be able to return to the program unless the payment is received in full including any Late Fees assessed. Only debit/credit cards, checks or Money Orders made out to "Champion Schools" will be accepted for payment.

If the student has been determined to be ineligible due to non-payment, the program staff will then contact the financially responsible party and attempt to collect the payment over the phone.

## **Financial Responsibility**

If an additional individual (i.e., someone other than the parent/ guardian completing the registration) is the financially responsible party or shares financial responsibility, then all parties must sign a Monthly Tuition Financial Agreement.





## Registration Form

### Student Information

Name (Last, First MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male  
(Nombre) (Fecha de Nacimiento)

### Please indicate the Preschool Program that you are applying for:

Favor de escoger el programa pre escolar:

\_\_\_\_\_ Full Time Enrollment, Monday-Thursday 8:00am to 3:30pm and Friday 8:00am-12:00pm  
Inscripción a tiempo completo, de lunes a jueves de 8:00 am a 3:30 pm y viernes de 8:00 am a 12:00 pm  
\_\_\_\_\_ Tuition \$160.00 \_\_\_\_\_ Sibling Discount \$150.00

Siblings name \_\_\_\_\_

### Please initial that you understand our policies

(Por favor indique que entiende nuestras polizas)

\_\_\_\_\_ I understand that tuition is due one week in advance by the Friday prior to services, any payments not made by the end of the business day on Monday will be charged a late fee of \$5.00 per day. (Entiendo que la matrícula se debe pagar por adelantado el primero de cada mes, cualquier pago no realizado se cobrará una multa de \$ 25.00.)

\_\_\_\_\_ I understand that if tuition is not paid by the end of the second week with the late fees included the child will not be able to return to school until dues are paid in full. (Entiendo que si la cuota no es pagada para el 10 de cada mes con el honorario atrasado incluido el niño/a no podrá volver a la escuela hasta que las cuotas se paguen por completo.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office use only:

Date paid: \_\_\_\_\_ Registration Fee: \$25.00 \_\_\_\_\_ Supply Fee: \$25.00 \_\_\_\_\_

### Application Complete:

- Birth Certificate     Immunization Card     Emergency Information     Medication Consent  
 Monthly Financial Agreement

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Monthly Tuition Financial Agreement**

**ENROLLMENT & FINANCIAL AGREEMENT**

I agree to abide by the terms and conditions set forth on the Little Champions Preschool Parent Handbook.

The Monthly Tuition Option is due by the 1<sup>st</sup> of the month. If the payment isn't received by the 5th day, there will be a \$25 late fee assessed.

The Weekly Tuition Option payments are due a week prior to services by Friday before the end of the business day a. If payments aren't received by the end of the business day on Tuesday, there will be a \$5.00 per day late fee.

I understand that my child may not attend until all registration requirements have been met (i.e., complete application, accurate completion of required state documents, submission of immunization records and birth certificate. I will receive a confirmation message when all registration requirements are met with a start date.

*Please list all children this agreement will apply to.*

**PRIMARY PARTY INFORMATION**

Parent/Guardian First & Last Name	
Child's First & Last Name	
Child's First & Last Name	
Child's First & Last Name	

**Please check your payment choice:**

Monthly Option #1-

Full tuition is due by the 1<sup>st</sup> of the month. If the payment isn't received by the 5th day, there will be a \$25 late fee assessed.

Weekly Option #2-

Payments are due a week prior to services by Friday before the end of the business day. If payments aren't received by the end of the business day on Tuesday, there will be a \$5.00 per day late fee.

X

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Parent/Guardian Signature

**MULTIPLE PARTY PAYER INFORMATION**

*The following must be completed to bill multiple parties. The percentages must equal 100%.*

Primary Owner		Monthly Tuition Percentage %	
Secondary Owner		Monthly Tuition Percentage %	

**PROVISIONS AND SIGNATURE**

My signature indicates that I am aware of and give my consent to the practice of informing both parents/guardians of non-payment and that I have read and agree to the terms set forth on the Champion School District website, and agree to pay the balance of split tuition as indicated above by the due date.

Primary Owner Printed		Secondary Owner Printed Name	
Primary Owner Signature		Secondary Owner Signature	

**For Office Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Little Champions Preschool Representative: \_\_\_\_\_

